Presentation to the 2017 Health and Human Services
Joint Appropriation Subcommittee

DEVELOPMENTAL SERVICES DIVISION

Department of Public Health and Human Services (DPHHS)

Report Guide: This report is divided into three main sections as noted below.

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a. Mission of the Division
b. Contact Information
c. Division Overview
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a. Biennial Goals and Objectives

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b. New Proposals
c. Proposed Legislation

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Reference:
Legislative Fiscal Division Budget Analysis, Volume B, Pages 75-85

1. Where are we now?

1a. Mission:

To facilitate efficient delivery of effective services to adults and children with developmental disabilities and children with serious emotional disturbances.

1 b. Contact Information:

Title	Name	Phone Number	E-mail address
Administrator	Rebecca de Camara	444-6951	rdecamara@mt.gov
Developmental Disabilities Program Bureau Chief	Novelene Martin	444-5662	nomartin@mt.gov
Children's Mental Health Bureau Chief	Eric Higginbotham	444-1290	ehigginbotham@mt.gov
Developmental Services Division	Deann Willcut	444-1848	dwillcut@mt.gov

Fiscal Bureau Chief			
Montana Developmental Center Acting Administrator	Tammy Ross	225-4528	tross@mt.gov

1c. Overview:

The Developmental Services Division (DSD) offers a wide range of services to fulfill its mission of facilitating efficient delivery of effective services to adults and children with developmental disabilities and children with serious emotional disturbances. All the Division's work is guided by a goal of assisting Montanans with disabilities in living full lives within their communities.

DSD is comprised of the Developmental Disabilities Program (DDP), the Children's Mental Health Bureau (CMHB), and the Montana Developmental Center (MDC).

DSD has a budget of nearly $310 million dollars. We have 295.18 FTE and provide services on an annual basis to an average of 25,000 Montana citizens. Additionally the Division is currently working with hundreds of large and small providers across the state and provides services in every county in Montana.

1d. Major Functions:

Children's Mental Health Bureau (CMHB):

The Children's Mental Health Bureau (CMHB) supports and strengthens Montana youth and families through Medicaid mental health services. The Bureau managed and funded mental health services for over 19,000 youth enrolled in Montana Medicaid in SFY 2016. The Bureau has a budget of approximately $150 million with 98% funding benefits and claims.

The mission of the Children's Mental Health Bureau is to support and strengthen Montana youth and families through Medicaid mental health services. Our vision is strong youth functioning in healthy families, living in supportive Montana communities. Our overall priorities are to provide ongoing collaborative leadership in an integrated Medicaid mental health care system for Montana youth and families and to promote adaptive system changes that benefit stakeholders, youth, and families. Services range from outpatient therapy and medication management to acute inpatient hospitalization and residential treatment. In addition to traditional Medicaid services, the Bureau encourages innovation through their management of several grants.

The CMHB's central office in Helena provides administrative support in the form of federal reporting and compliance, rule writing and technical assistance for providers, and grant management. Two regional offices located in Missoula and Billings along with central office in Helena provide support to children and families through Regional Resource Specialists who enroll youth into home and community services, facilitate difficult transitions, and liaise with local providers. All staff promotes youth and family stabilization and reunification efforts using family driven and community based values and practices.

Children's Mental Health Bureau (CMHB) Highlights:

Native American Youth Suicide Prevention: Governor Bullock secured funding in the 64th Montana Legislative session to fund an initiative to focus on the reduction of suicides among American Indian youth in Montana. While suicide is a critical issue for all Montanans, it is the second leading cause of death for Indian youth between the ages of 15 and 24, 2.5 times higher than the national average. Additionally, Native American youth and young adults have the highest suicide rate of any cultural or ethnic group in the United States. (source: US Department of Health and Human Services)

To begin addressing this challenge, $250,000 was appropriated to the Department who held extensive consultation with tribes including a formal government to government tribal consultation in October of 2015. Based on stakeholder feedback, DPHHS contracted with the highly experienced Native American owned consulting firm of Kauffman & Associates to work with a Coalition of 2 nominated representatives from each of the eight tribal governments and five urban Indian health organizations to develop a strategic plan to reduce youth suicides in Indian country. Members include community members, American Indian youth, tribal leaders, and tribal health experts in Montana.

The Strategic Plan includes the following:

- A problem statement that lays out the values Coalition members believe are important to reduce American Indian youth suicide;
- A summary of all suicide reduction activities currently being undertaken in Indian Country;
- Insights into the factors that may be contributing to American Indian youth suicide and options for addressing them;
- Identified promising and best practices drawn from suicide prevention work including a comprehensive literature review;
- Measurable objectives and strategies that are able to be implemented in a reasonable time frame; and
- Data collection and fund raising.

The Coalition, under the guidance of KAI, has been working diligently to develop a strategic plan to help guide the path forward. The strategic plan is currently being finalized and the Bureau looks forward to continuing to partner with the Coalition in implementing their recommendations.

Youth Crisis Diversion Contracts: The 2015 Legislature, through HB47, allocated $1.2 million for use during this biennium for the securing of community-wide crisis diversion projects. Currently three providers and one community collaborative are providing tailored crisis intervention services in the communities of Helena, Kalispell, Great Falls, Billings, Missoula, and Hamilton. While the grant was designed to allow local communities the flexibility to develop the type of crisis services they identified would most benefit their youth, the goal of each grantee is to reduce hospitalization and improve crisis response to prevent higher levels of care. Some of the more successful components include an interactive crisis response website and the designation of community based crisis beds.

The Missoula County Youth Crisis Diversion website was developed in Missoula using the initial crisis diversion grant funding from the Montana Mental Health Settlement Trust and proved to be so useful that each of the grantees now has a comparable website that is tailored to their specific community. The site

equips family members, friends, and teachers with the knowledge they need to successfully navigate a mental health crisis in a child. Once users have identified the specific troubling behavior, examples include self harm, drug use, suicidal ideation, etc., they are guided through a variety of information rich tabs including professionals who can help, lists of local providers, tips for selecting a provider, what to expect if an emergency room visit is necessary, and what to expect from law enforcement in the case 911 is called. Usage of the website demonstrates its' effectiveness as well. For example, the Missoula website has registered over 23,524 website sessions since development in July, 2015. This website model has been so successful, requests to duplicate the website are being received from around the country.

Developmental Disabilities Program (DDP):

The mission of the Developmental Disabilities Program is to create a system that coordinates resources, supports and services for people to have meaningful lives in their communities. As we all do, individuals with developmental disabilities desire to live and work within a community of their own choice. For some, the assistance and support of friends and families may be enough for independence, while others need their natural resources supplemented with services provided through the Montana Developmental Disabilities Program (DDP). The DDP offers developmental disability services for individuals throughout their lifetime—our youngest service recipient is just 2 months old while our oldest service recipient is turning 93 in February. In SFY 2016, DDP provided services to 5,720 Montanans. Our budget is approximately $140 million of which 94% goes to benefits and claims. Services are primarily delivered through Medicaid waivers and State Plan services.

Montana has played a pioneering role in expanding the availability of community based services through having one of the first waivers in the country. In 1982 we were one of only six states with an approved Medicaid Home and Community Based Services waiver. By 2009, 48 states and the District of Columbia offered 125 different HCBS waivers for people with developmental disabilities. 1915(c) waivers are alternatives to long-term care in an institutional setting. These waivers allow a state to pay for an expanded array of medical care and support services that assist people to continue to live in their communities. The DDP's 0208 Comprehensive Waiver which offers persons with developmental disabilities 34 services such as day supports, employment support, assisted living, and behavioral support services throughout their lifespan serves an average of almost 2,700 individuals annually with the range of cost plans being $1,644 to $447,792 per year. The average cost plan per participant is $48,000 per year.

Non-waiver services are also quite important in creating an effective life-long continuum of care for individuals with developmental disabilities. Some of Montana's youngest service recipients are served by the DDP administered and monitored Montana Milestones, the Part C Early Intervention Program for Infants and Toddlers with Disabilities, which provides help during the first years of a child's life. Services are provided in natural environments such as the family home, to help parents support and promote a child's development within their own community. Examples of early intervention services include assessment and evaluation, occupational and physical therapy, service coordination, and psychological services. Early intervention services served 2,332 individuals in SFY 2016.

Further along the age continuum but still considered early intervention is Montana's Family Education and Support (FES) Program, available to children beginning at age 3 until 21 years of age. This family-focused program provides supports and services to families enabling them to care for their child in the home and local community. The Family Support Specialist, in partnership with the family, chooses goals to work on leading to:

- Helping the child reach their maximum potential within their most natural environment;

- Assisting families in maximizing their skills and abilities to utilize resources to help their child;
- Assessing a child and his/her family's needs;
- Providing information and referral to other services as needed; and
- Coordinating services with local education agencies and other team members when working with the child.

FES was provided to 704 youth and families in SFY 2016.

The DDP contracts with entities to provide services to individuals with developmental disabilities. These service programs are located in communities throughout Montana and provide an array of residential, habilitative, and employment opportunities for adults, and family education and support services for children and families. An emphasis on human dignity and a conviction that each person is unique and capable of growth are the cornerstone beliefs of Montana's Developmental Disabilities Program. Montana's focus on the program's clients is on self-determination and individual participation in life decisions about where to work, play, and live. It also calls for community settings and integration with non-disabled people. This represents an evolution in our approach to service delivery that has resulted from many factors including some notable successes of people with developmental disabilities living and working in Montana's communities.

In order to ensure that individuals with disabilities are successful in the community, DDP is continually expanding and enhancing the array of services available to individuals with developmental disabilities. Expanded Autism services, one of DDP's highlights, will be provided under Montana's State Plan, expanding the number of served individuals with autism spectrum disorder from 55 per year to eventually 400 per year.

Developmental Disabilities Highlights (DDP):

Autism Service Expansion: For the past eight years the Developmental Disabilities Program has provided services to children and families through the Children's Autism Waiver (CAW). Due to the intensity of this waiver, the capacity was limited to 55 youth, ages 15 months through 8 years of age. This has been an extremely popular and successful program that has changed the life course of autistic children and their families. One parent compared receiving a CAW slot to winning the lottery. When you consider the difference in the lifestyle of families' pre and post CAW, this is likely an apt comparison.

Autism Spectrum Disorder (ASD) is one of the fastest growing developmental disabilities in the country and outcomes for those diagnosed with ASD include very low rates of independent living, community access, and employment rates. The Centers for Disease Control estimates that 1 in 68 children will be born with ASD with the rate for males being 1 in 42. While research has clearly demonstrated that early intervention has the best chance of having prolonged results, the majority of children with ASD are not diagnosed until after 4 years of age. Given this reality, the availability of autism treatment services needed to be expanded well beyond the age of 8 which is why, the Department was thrilled to learn that at Governor Bullock's initiative and legislative approval, funding was included in the budget to finance State Plan Medicaid autism services for eligible youth to age 20.

In order to engage interested parties in the expansion of Montana's State Plan autism services, the Department worked with a newly established Autism State Plan Advisory Group. Department staff, advocacy agencies, child serving agencies, family representatives, provider agencies, current autism service

providers and practitioners, and the Insurance Industry/Insurance Commissioner's Office were invited. While there were designated members of the advisory workgroup, the meetings were open meetings with everyone in attendance given the opportunity to provide input.

Autism State Plan Advisory Group Members

Developmental Disabilities	Bureau Chief	Novelene Martin
Children's Mental Health	Bureau Chief	Zoe Barnard
Health Resources Division	HRD	Jo Thompson
Addictive/Mental Disorders	AMDD	Bernadette Miller
Parent Training/Information Center	PLUK	Roger Holt
Family Representative	Parent	Kat Patterson
Family Representative	Parent	Alyson Ball
Family Representative	Parent	Joyce Moore
Advocacy Agency	ARC	Sen. Caferro
Higher Education	U of M	Ann Garfinkle
Higher Education	MSU - Billings - Special Education	Dr. William Calderhead
Diagnosis/Clinical/Mental Health Provider	Shodair Children's Hospital	Dr. Keith Foster
Mental Health Provider	Center for Medicaid Health CST	Dusti Zimmer
BCBA/Private Practice	Big Sky Therapy	Brett Gilleo
Diagnosis/Clinical/Autism Provider	DEAP	Sylvia Danforth
Diagnosis/Clinical/Autism Provider	Full Circle	Kathleen Gallagher
Autism Practitioner	AWARE	Matt Bugni
Autism Practitioner	Easter Seals Good Will	Charlie Briggs
Autism Practitioner	Family Outreach	Jackie Mohler
Early Childhood	Coordinator	Wendy Studt
Office of Public Instruction	Special Education	Doug Doty
Public School	Great Falls Public School	Bobbie Sue Talmage
Public School	Anaconda Public School	Dan Laughlin
Insurance Industry/Ins Commissioner Office	SAO Policyholder Services	Ron Herman

Feedback from the advisory group that was incorporated into the proposed autism state plan amendment includes:

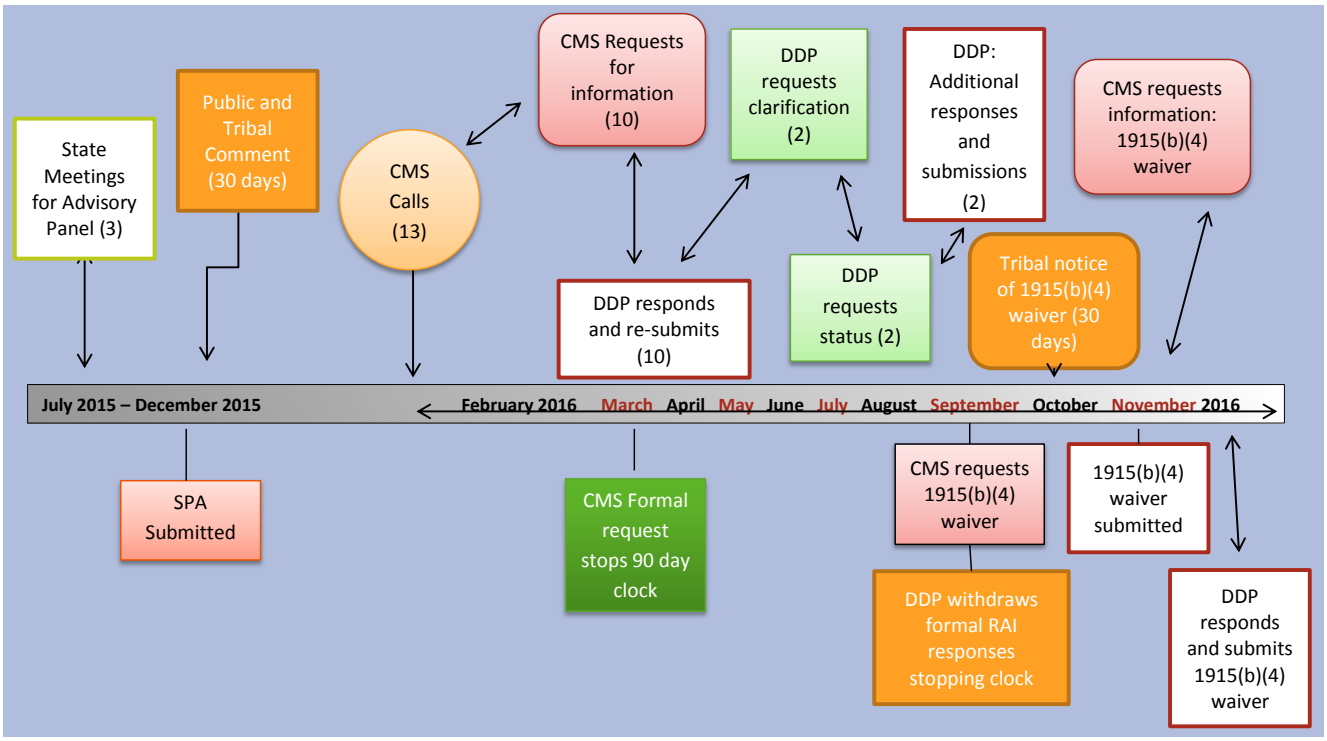
- Expanding the venue for service delivery beyond the family home into school settings or other settings where the child spends a significant amount of time;
- Expanding the requirement for parental presence during treatment session to allow an alternate adult authorized by the parent to be present;
- Expanding the professional requirements beyond Board Certified Behavioral Analyst to include Family Support Specialist with an Autism Endorsement and a person enrolled in Board Certified Behavioral Analyst (BCBA) accredited coursework; and
- Utilizing evidence based practice websites recommended by the advisory group including the National Autism Center and The National Professional Development Center on Autism Spectrum Disorder.

Proposed components of the plan include:

- Independent, conflict-free evaluation
- Treatment Plan
- Implementation Guidance
- Intensive Intervention

The Autism State Plan Amendment was submitted to CMS on December 29, 2015 with an additional 1915(b)(4) waiver requested by CMS in October of 2016 and submitted in November of 2016. We believe we will finally receive CMS approval in the next few months.

Autism State Plan Timeline



The Achieving Better Life Experience (ABLE) Act: This Act, passed during the 2015 legislative session, amends the Internal Revenue Code to allow eligible individuals to establish a tax-exempt savings account comparable to a college savings account to be used for qualified disability expenses including education, housing, transportation, employment support, and health and wellness. Prior to the ABLE Act, individuals who relied on public benefits such as SSI and Medicaid were unable to have more than $2,000 in savings. The ABLE Act will allow families to establish savings accounts without affecting their eligibility for public benefits. This is a particularly important fiscal security measure as more and more individuals with disabilities are outliving their parents or caretakers whom they have relied upon to supplement their public benefits.

A committee issued a Request for Proposals (RFP) for financial institutions within the state to become qualifying financial institutions to offer ABLE accounts to Montana residents but received no responses. We then tried to enter into contract negotiations with potential financial institutions but no Montana institutions were interested in providing accounts at this point in time. Finally the committee was able to join a multi-

state consortium, which is headed by the Illinois State Treasurer's Office. The consortium has been able to negotiate very competitive pricing and terms with the vendor. The committee expects to have ABLE accounts available in early 2017.

Military Dependent Eligibility:

The second update is on SB 233 sponsored by Senator Caferro and serves not only the interest of individuals with developmental disabilities but those of Montana's Military families as well. The Military Dependents Act preserves services and waiting list placement for military dependents with developmental disabilities whose caregiver is transferred to another state on military assignment. This prevents redetermination of eligibility and if on a service waiting list requires the Department to determine the military dependent's place on the waiting list as if the dependent had remained in the state during the time of the military assignment. Having such protections in place minimizes disruption in services, an important consideration in successful service provision.

Montana Developmental Center (MDC):

Since 1893, the Montana Developmental Center has existed to provide an environment for building healthy, effective, and fulfilling lives for people with serious developmental disabilities who have been determined by a court to meet commitment requirements. MDC's programs prepare clients for discharge to appropriate community services and have played a valuable role in the continuum of care for persons with developmental disabilities. MDC consists of two facilities: a federally-certified Intermediate Care Facility for Individuals with an Intellectual Disability (ICF-IID) and a secure 12 bed state licensed Intermediate Care Facility for Individuals with Developmental Disabilities. (ICF-DD). MDC served 54 individuals from across Montana in SFY 2016.

Ongoing Efforts to Transition MDC Clients to the Community:

Prior to the passage of SB 411, the bill sponsored by Senator Caferro that mandates closure of the Montana Developmental Center, MDC and DDP had taken proactive steps to facilitate providers' capacity to serve the dually diagnosed clients at MDC. After meeting with providers, MDC and DDP identified barriers to successfully transitioning individuals out of MDC. Barriers identified included the inability to adequately staff community settings with appropriately trained staff, insufficient and inflexible reimbursement rates, lack of community psychiatric support, and lack of community service start-up funds. While addressing barriers such as insufficient and inflexible reimbursement will take extensive time and effort to address, beginning in April, 2014 nearly $2 million in transition grants was made available to providers who effectively served a client discharging out of MDC and into a community setting. These grants ranged from $20,000-$60,000 and were available to fund activities such as staff training and environmental hardening of community based homes. Initially we had minimal provider interest in the grants. Ultimately, however, 6 providers were awarded nearly $1.5 million in transition grants.

Additionally, in response to provider's concerns about inadequately trained staff, DDP has made training stipends available. Latitude was given to providers in determining the nature of the training their staff was most in need of with the one requirement being that it qualify as an evidence-based practice. In SFY 2016 DDP approved 28 grants for $5,000 each.

One other support DDP offers in the communities where our clients live, work and recreate, is our regionally based Behavior Consultation Team. DDP's five member Behavior Consultation Team provides telephone

consultation, programming assistance, and/or face to face assessment of individuals who engage in challenging behaviors in order to make recommendations regarding behavioral supports and crisis prevention all with the goal of preventing higher levels of care. Members of the team include a behavior specialist and the team has regular access to a medical doctor and psychiatrist. In 2015 the team received 86 new referrals, and in 2016 this number increased to 108 new referrals.

Despite these localized efforts at improving our providers' capacity to successfully serve the MDC population, ultimately, DDP's existing provider community needed a significant infusion of staff and services who were equipped to effectively transition individuals from MDC into the community. With the passage of SB 411, this need for enhanced services including a comprehensive crisis response system and a readily accessible and clinically appropriate provider of last resort became imperative.

Senate Bill 411: During the 2015 legislative session, Senate Bill 411 was passed, mandating downsizing and eventual closure of the Montana Developmental Center. The short timeframe to do so was two years with an implementation deadline of June 30, 2017 and prohibition on court commitments after December 31, 2016. At the time the bill was passed, there were 52 residents of MDC who required community placement within the next two years. To assist the Department in accomplishing this task, SB 411 established a multidisciplinary transition planning committee to make recommendations and advise DPHHS in planning for and accomplishing the closure of the Montana Developmental Center.

The committee had their first meeting in June, 2015 and continued meeting regularly. From the beginning the committee recognized the complexity of the work they were tasked with accomplishing in a very short time frame and regularly sought information from the Developmental Disabilities Program on a wide variety of topics including:

- Tour of MDC
- MDC overview including facility history
- Budget overview
- Client profile
- Employee profile
- Facility safety and licensure requirements
- Montana DDP rate structure and history
- Placement of MDC clients
- Abuse and neglect reporting for both MDC and private providers
- Current community beds available and geographic areas of need
- ICF-IID purpose, requirements, and licensure
- Proposed Waiver 2
- Abuse investigation process
- Crisis services around the nation

As the committee was meeting, transitions out of MDC and into the community were taking place.
With the passage of SB 411 the need to increase our service base became even more pressing. Fortunately, three of our already existing providers submitted proposals to serve individuals from MDC. These providers were AWARE with 19 proposals, Quality Life Concepts with 2 proposals, and Flathead Industries with 2 proposals. Additionally, Benchmark Human Services, an Indiana based provider who specializes in working effectively with dually diagnosed individuals, became a qualified Montana Medicaid provider and submitted fourteen accepted proposals to transition clients out of MDC.

Cost and service plans were negotiated and presented to clients and guardians for acceptance or denial. The majority of proposals were accepted and the lengthy and intensive process of transitioning individuals out of MDC and into the community began. These transition meetings continue today and consist of MDC staff including medical and psychiatric staff, DDP staff, the client's prospective provider, the client and guardian, and the client's prospective community case manager. At the transition meetings, a complete profile of the client is presented including psychiatric, medical, and behavioral health needs. Though the provider has prior access to this information from the client placement profile, the ability to hear the information from the treating professionals accompanied by the opportunity to ask clarifying questions and seek out additional information as needed is a valuable process for all parties involved. One of the most valuable aspects of these meetings is the presence of the client and the sense of ownership of their future that these meetings provide.

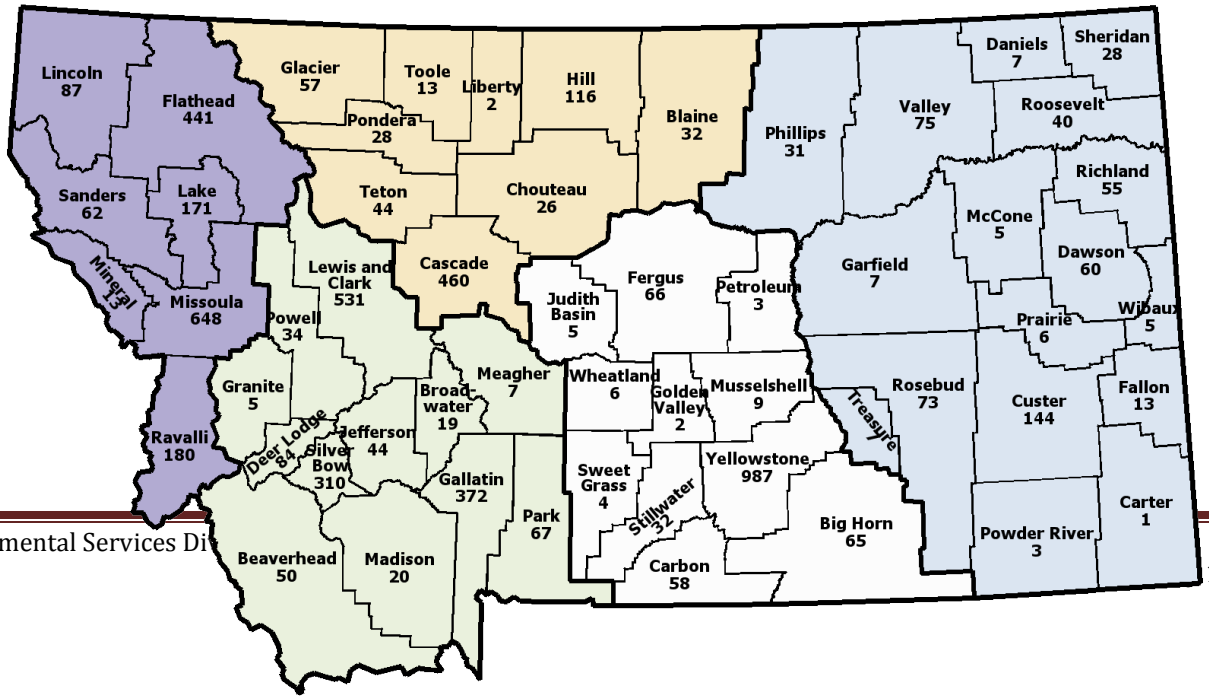
For clients with especially challenging behavior, or for whom the transition is anticipated to be particularly difficult, community providers may send their own staff to MDC to shadow the client's regular staff to understand a particular client's triggers, coping mechanisms, and effective behavioral modification techniques. If clients are particularly anxious about transitioning into the community, MDC staff will accompany the client to the new placement, staying until the client feels comfortable and available to return to the new residence and problem solve as issues arise.

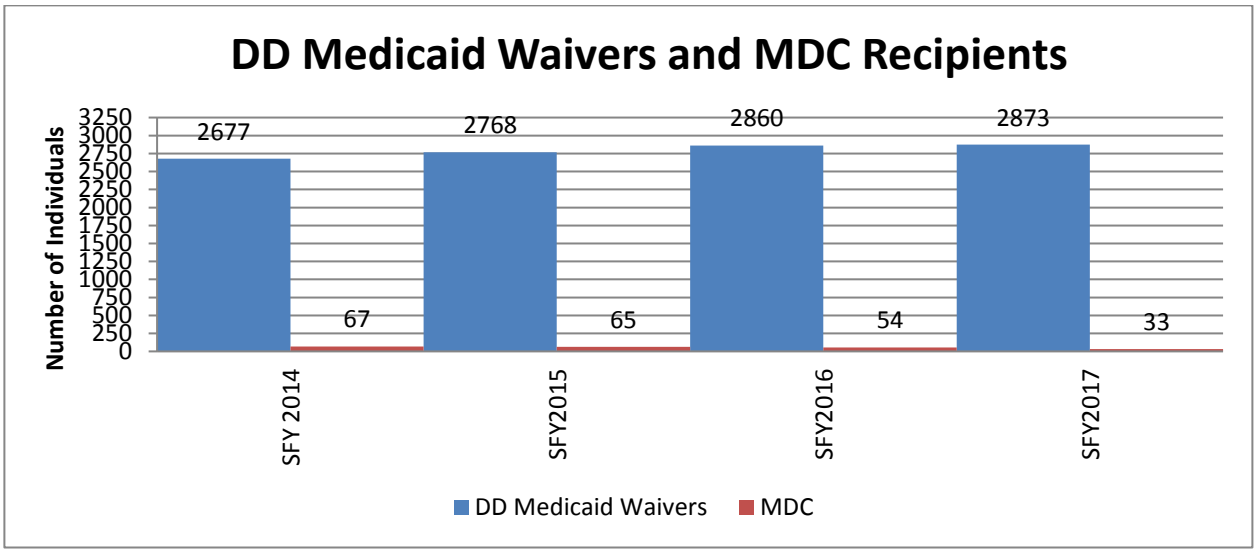
To ensure ongoing stability in the community, clients who have transferred out of MDC as part of the closure process receive intensive case management involving weekly staffing with the MDC treatment team that formerly worked with the client and DDP leadership. Clients are visited by their case manager as often as needed to maintain stability in the community.

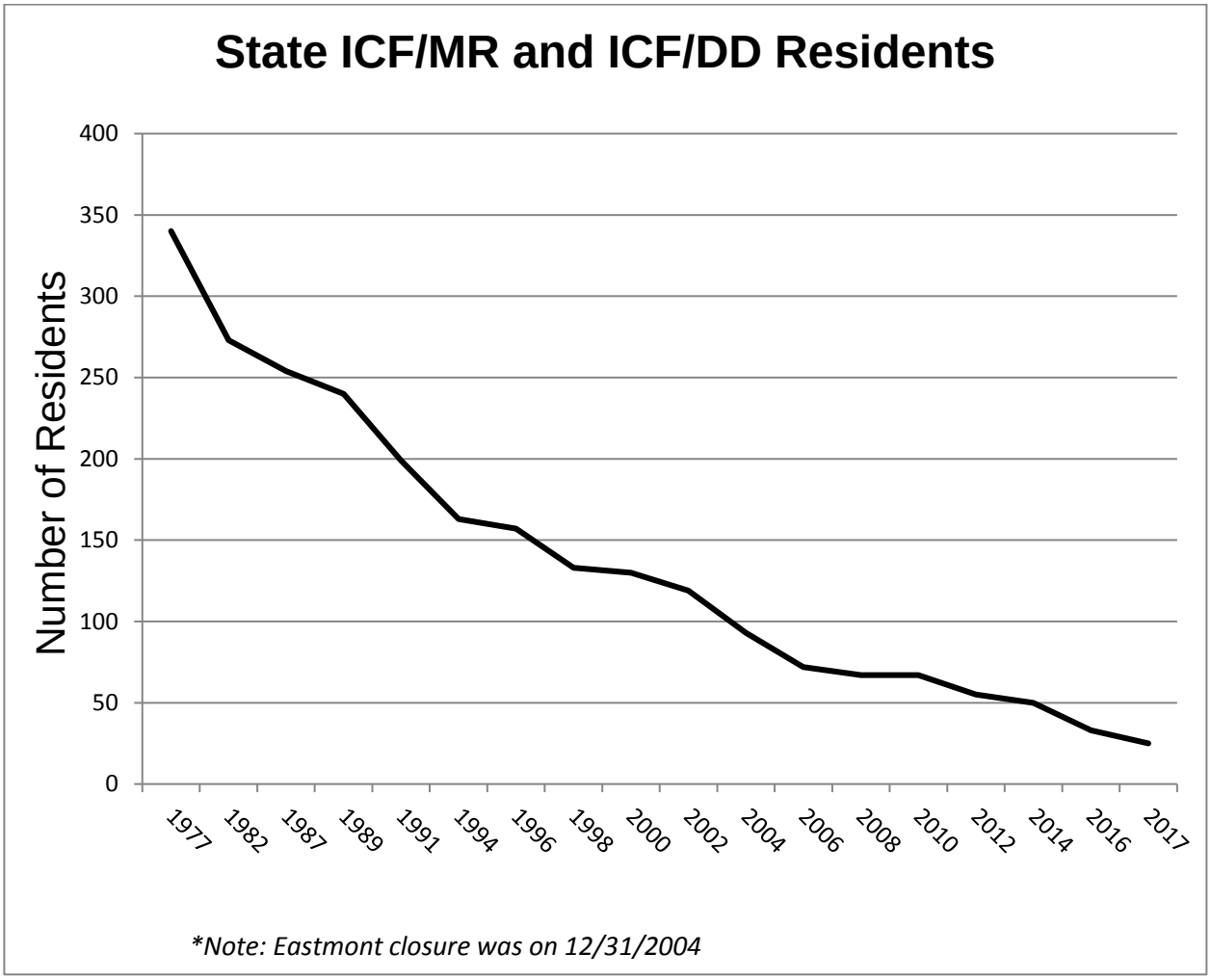
In accordance with SB 411, after December 31, 2016 courts are no longer able to commit individuals to MDC. Since the passage of SB 411, 24 clients have been placed with private providers, 2 in other state run settings, and 3 are living independently. These numbers are current as of December 31, 2016. The MDC census as of December 31, 2016 was 25 individuals. Successfully transitioning the remaining 25 MDC clients to the community will require additional time. There will be a bill proposed to address this need.

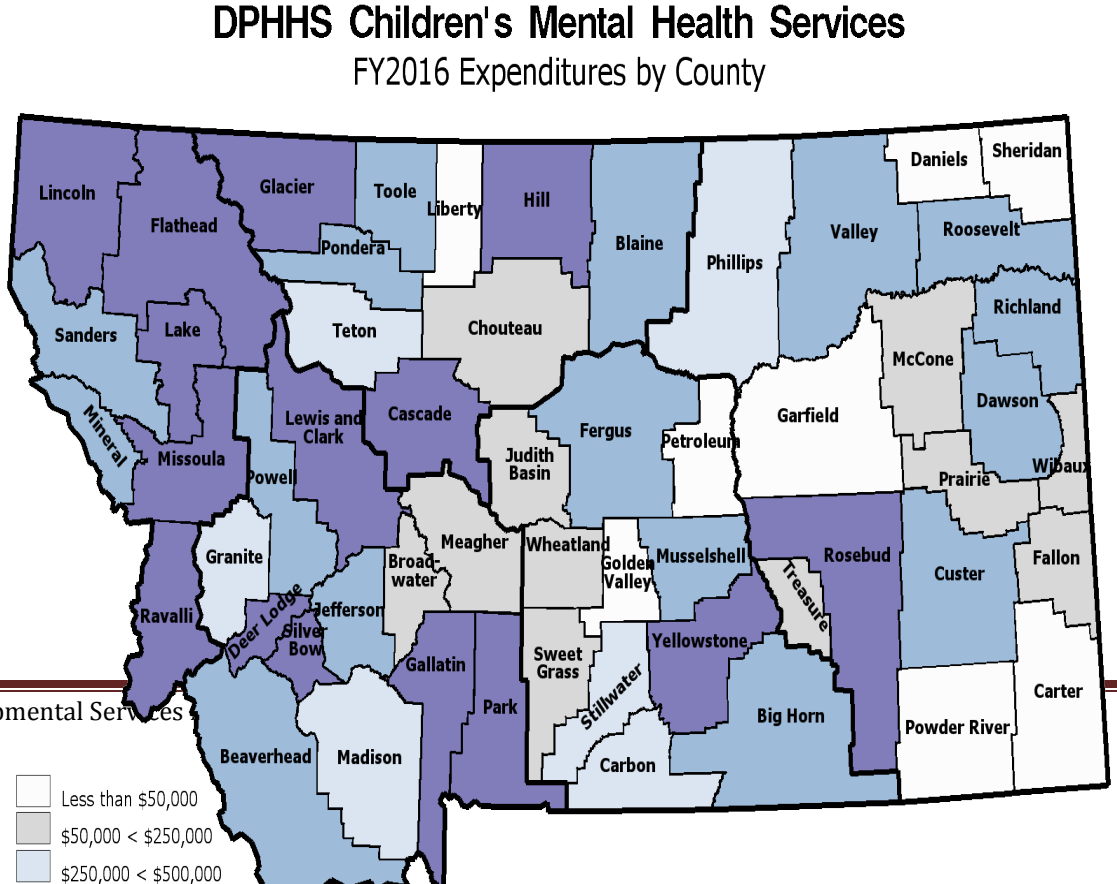
DPHHS Developmental Disabilities Program

FY2016 Number of People Served



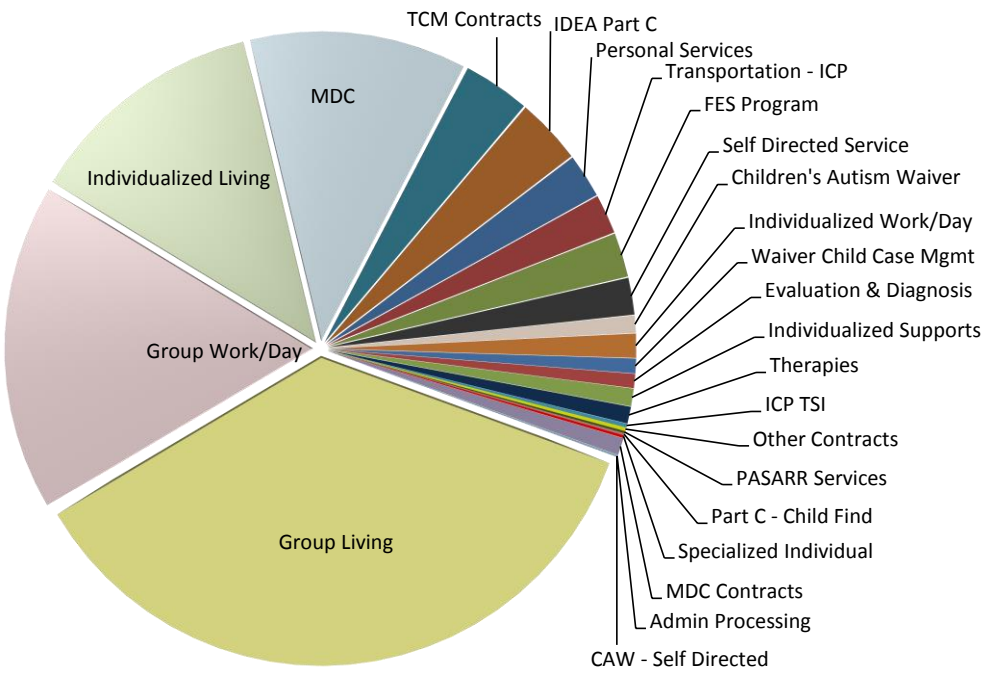

DD Medicaid Waivers and MDC Recipients
Number of Individuals
3250
3000
2750
2500
2250
2000
1750
1500
1250
1000
750
500
250
0
2677
67
2768
65
2860
54
2873
33
SFY 2014
SFY2015
SFY2016
SFY2017
DD Medicaid Waivers
MDC


State ICF/MR and ICF/DD Residents
Number of Residents
400
350
300
250
200
150
100
50
0
1977
1982
1987
1989
1991
1994
1996
1998
2000
2002
2004
2006
2008
2010
2012
2014
2016
2017
*Note: Eastmont closure was on 12/31/2004


DPHHS Children's Mental Health Services
FY2016 Expenditures by County
Lincoln
Flathead
Glacier
Toole
Liberty
Hill
Blaine
Phillips
Valley
Daniels
Sheridan
Roosevelt
Pondera
Teton
Chouteau
Richland
Sanders
Lake
McCone
Mineral
Missoula
Lewis and Clark
Cascade
Fergus
Garfield
Dawson
Judith Basin
Petroleum
Prairie
Wibaux
Powell
Granite
Meagher
Broad-water
Wheatland
Golden Valley
Musselshell
Rosebud
Custer
Fallon
Treasure
Ravalli
Deer Lodge
Silver Bow
Jefferson
Gallatin
Sweet Grass
Yellowstone
Park
Stillwater
Big Horn
Carter
Beaverhead
Madison
Carbon
Powder River
Less than $50,000
$50,000 < $250,000
$250,000 < $500,000

Developmental Disabilities Program

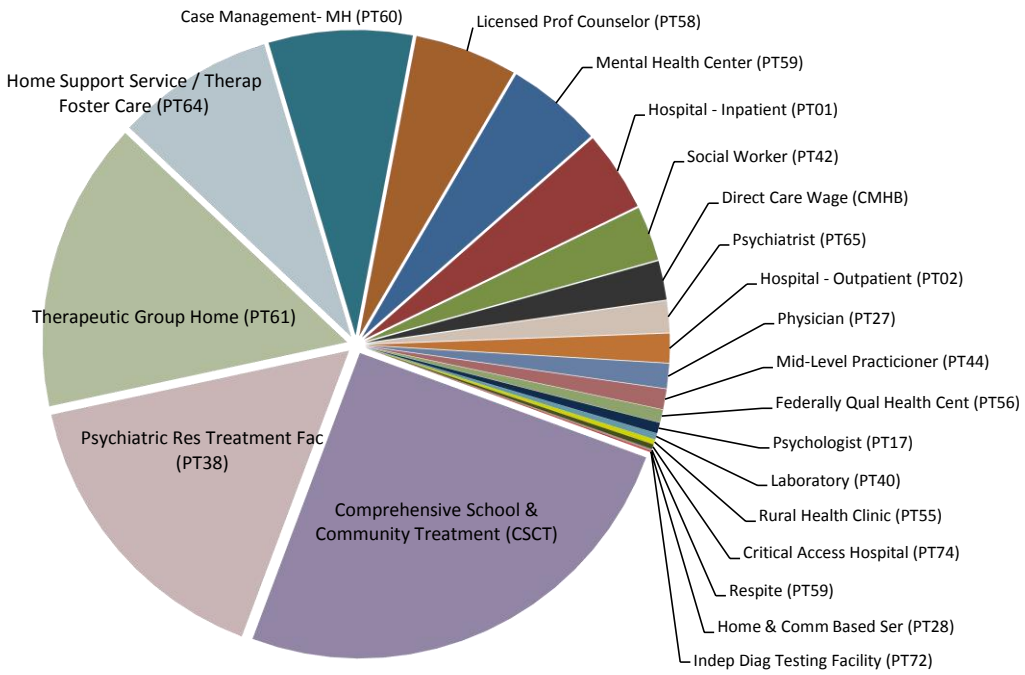
SFY 2016 Benefit Expenditures by Service Category



	Benefit Expenditure	Expenditures	Percent of Expenditures
*	Group Living	$ 50,443,652	36.0%
*	Group Work/Day	24,030,622	17.1%
*	Individualized Living	17,687,169	12.6%
*	MDC	16,030,227	11.4%
*	TCM Contracts	4,942,244	3.5%
*	IDEA Part C	4,872,121	3.5%
*	Personal Services	3,248,294	2.3%
*	Transportation - ICP	2,901,920	2.1%
*	FES Program	3,263,721	2.3%
*	Self Directed Service	2,709,572	1.9%
*	Children's Autism Waiver	1,272,696	0.9%
*	Individualized Work/Day	1,774,348	1.3%
*	Waiver Children's Case Management	1,086,239	0.8%
*	Evaluation & Diagnosis Service	1,039,032	0.7%
*	Individualized Supports	1,294,390	0.9%
*	Therapies	1,236,967	0.9%
*	ICP TSI	284,194	0.2%
*	Other Contracts	247,676	0.2%
*	PASARR Services	174,001	0.1%
*	Part C - Child Find	135,080	0.1%
*	Specialized Individual Service	204,405	0.1%
*	MDC Contracts	1,260,000	0.9%
*	Admin Processing	144,044	0.1%
*	CAW - Self Directed	4,751	0.0%
*	SCWL Waiver	28,220	0.0%
	Total DDP Benefit Expenditures	**$ 140,315,584**	100%

MEDICAID MENTAL HEALTH YOUTH

SFY 2016 To-Date Expenditures by Provider Type based on Dates of Service

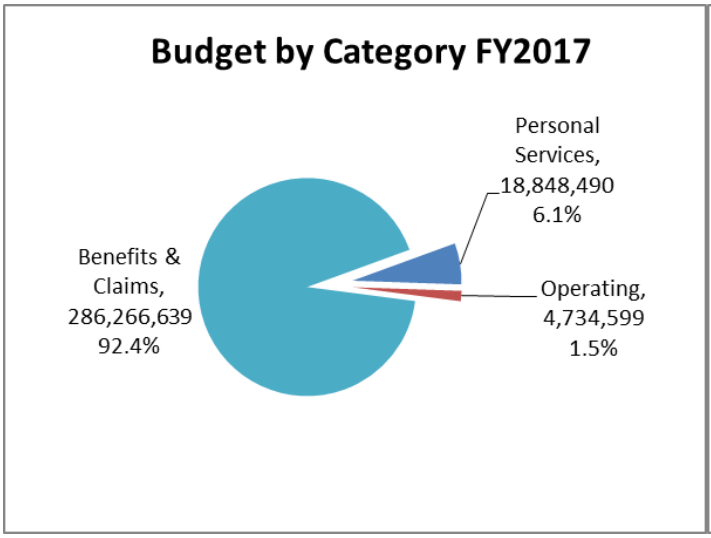


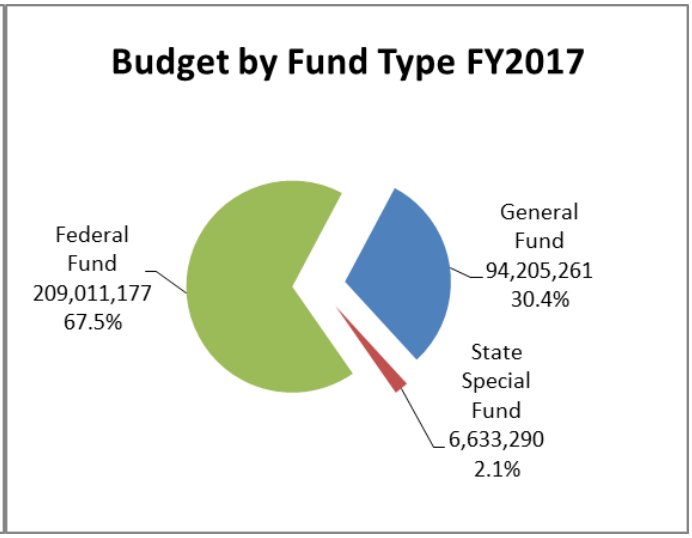
	Service Expenditure	# Served	Expenditures	
*	Comprehensive School & Community Treatment (CSCT)	5,105	$ 33,326,140	25.2%
*	Psychiatric Res Treatment Fac (PT38)	553	$ 21,049,278	15.9%
*	Therapeutic Group Home (PT61)	712	20,349,958	15.4%
*	Home Support Service / Therap Foster Care (PT64)	1,679	11,093,351	8.4%
*	Case Management- Mental Health (PT60)	4,588	10,092,971	7.6%
*	Licensed Professional Counselor (PT58)	7,619	7,208,788	5.4%
*	Mental Health Center (PT59)	2,391	6,735,626	5.1%
*	Hospital - Inpatient (PT01)	756	5,625,195	4.2%
*	Social Worker (PT42)	4,404	3,824,345	2.9%
*	Direct Care Wage (CMHB) - *Not a Service Type*		2,726,456	2.1%
*	Psychiatrist (PT65)	3,004	2,207,691	1.7%
*	Hospital - Outpatient (PT02)	3,293	2,027,068	1.5%
*	Physician (PT27)	6,187	1,725,967	1.3%
*	Mid-Level Practicioner (PT44)	3,101	1,409,796	1.1%
*	Federally Qual Health Center (PT56)	1,203	900,515	0.7%
*	Psychologist (PT17)	1,309	746,277	0.6%
*	Laboratory (PT40)	500	427,523	0.3%
*	Rural Health Clinic (PT55)	962	342,886	0.3%
*	Critical Access Hospital (PT74)	339	333,665	0.3%
*	Respite (PT59)	290	154,437	0.1%
*	Home & Comm Based Services (PT28)	7	63,221	0.0%
*	Indep Diag Testing Facility (PT72)	2	1,344	0.0%
	Total Children's Medicaid Mental Health and CSCT	**19,783**	**$ 132,372,499**	100%

† *Expenditures through December 1, 2016 based on Date of Service. Includes CHIP funded HMK+ Medicaid Expansion.*

1e. Current Budget/Expenditures:

	2017 Beginning Budget	FY 2018 Request	FY 2019 Request
DEVELOPMENTAL SERVICES DIVISION			
FTE	295.18	295.18	295.18
Personal Services	18,848,490	18,192,372	18,239,193
Operating	4,734,599	4,847,868	4,859,529
Grants	0	0	0
Benefits & Claims	286,266,639	285,374,319	294,662,015
Transfers	0	0	0
Debt Service	0	0	0
	309,849,728	**308,414,559**	**317,760,737**
General Fund	94,205,261	94,963,934	96,863,610
State Special Fund	6,633,290	6,633,290	6,633,290
Federal Fund	209,011,177	206,817,335	214,263,837
	309,849,728	**308,414,559**	**317,760,737**





2. DSD: Where do we want to be in two years?

2a. 2019 Biennium Goals and Objectives:

(Break out objectives by which Bureau they affect, if possible)

Department of Public Health and Human Services **Developmental Services Division**	
Goals and Objectives for the 2017 Biennium	
Goal: To continuously improve a continuum of efficient services that help Montanans with disabilities to live, work, and fully participate in their communities.	
Objective(s) (by Division)	**Measures**
Continually work to improve an efficient system of community based services for persons with disabilities and children with serious emotional disturbances.	Through review and analysis, the Division determines whether DSD Medicaid increases community based opportunities for individuals with complex needs.
Transition Montana Developmental Center residents into community settings where they will build healthy, effective, and fulfilling lives.	Through review and analysis, the Division determines whether all Montana Developmental Center clients are appropriately placed.

3. DSD: How are we going to get there?

3a. Present Law Adjustments:

	General Fund Total	Total Funds
FY 2018	$119,153	($656,118)
FY 2019	$154,084	($609,297)

SWPL - 1 - Personal Services -
The budget includes a reduction of $656,118 in FY 2018 and $609,297 in FY 2019 to annualize various personal services costs including FY 2017 statewide pay plan adjustments and increases to state share costs for health insurance passed by the 2015 Legislature, benefit rate adjustments, longevity adjustments related to incumbents in each position at the time of the snapshot, and vacancy savings.

	General Fund Total	Total Funds
FY 2018	$141,619	$141,887
FY 2019	$141,403	$142,471

SWPL - 2 - Fixed Costs -
The request includes $141,887 in FY 2018 and $142,471 in FY 2019 to provide the funding required in the budget to pay increases in fixed costs assessed by other agencies within state government for the services they provide. Examples of fixed costs include liability and property insurance, legislative audit, warrant writer, payroll processing, and others. The rates charged for these services are approved in a separate portion of the budget.

	General Fund Total	Total Funds
FY 2018	($29,424)	($28,618)
FY 2019	($18,939)	($17,541)

SWPL - 3 - Inflation Deflation -
This change package includes a reduction of $28,618 in FY 2018 and $17,541 in FY 2019 to reflect budgetary changes generated from the application of inflation and deflation factors to specific expenditure accounts. Affected accounts include food, postage, natural gas, electricity, gasoline, and others.

	General Fund Total	Total Funds
FY 2018	$1,055,732	$6,052,480
FY 2019	$2,948,755	$15,440,751

PL - 10991 - Medicaid Services DSD -
This present law adjustment for caseload growth in the Developmental Services Division covers the increase in the number of eligible individuals, utilization, acuity levels, and cost per service for medical care. This change package requests $21,493,231 in total funds. The biennial funding is $4,004,486 in general fund and $17,488,745 in federal funds.

	General Fund Total	Total Funds
FY 2018	$0	($6,348,335)
FY 2019	$0	($6,348,335)

PL - 10993 - Medicaid Federal Services DSD -
This present law adjustment requests a reduction of federal funds of $6,348,335 in FY 2018 and $6,348,335 in FY 2019 for federally funded Medicaid services within the Developmental Services Division. Funding is 100% federal funds.

3b. New Proposals:

	General Fund Total	Total Funds
FY 2018	$600,000	$600,000
FY 2019	$600,000	$600,000

NP - 10100 - Youth Crisis Diversion OTO -
This new proposal requests $600,000 general fund each year of the biennium to continue efforts funded by the 2015 Legislature in accordance with HB 47 for Youth Mental Health Crisis Diversion.

	General Fund Total	Total Funds
FY 2018	($1,100,000)	($1,100,000)
FY 2019	($1,100,000)	($1,100,000)

NP - 555 - Appropriation Rebase -
The Executive Budget includes targeted budget reductions across most agencies. The Executive proposes Developmental Services Division Appropriation Rebase totaling $1,100,000 each year and was included in the agency reduction plan submitted in compliance with 17-7-111, MCA.

3c. Proposed Legislation: